Exhibit B

EXAMPLE OF NON-COMPLIANT HIPAA AUTHORIZATION

Carter, et al. v. Ameridose, et al., No. 1:13-cv-12187-FDS, Compl. Ex. A

Deficiency:

Notice of Intent does not include any HIPAA releases¹

Provision Violated:

Tenn. Code Ann. § 29-26-121(a)(2)(E), which requires a HIPAA release allowing a defendant to obtain "complete" medical records

¹ While the Complaint attaches a HIPAA release that was allegedly sent to Tennessee Defendants, these Tennessee Defendants attest in the affidavit filed with this Memorandum of Law that the HIPAA release was not included with the notice of intent mailed to these Tennessee Defendants. As further proof, and as the Court may notice, the HIPAA release attached to the Plaintiffs' Complaint is not dated, signed, or filled out in any relevant way that would indicate it was included with the Plaintiffs' notice of intent.



Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.*±

Dov Apfel*± | Stephen C. Offitt*±≈ | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer∆

Sharon R. Guzejko* | Kimberly A. Dougherty* | Francis M. Himson, IV* | Hal J. Kleinman A‡ | Tara J. Posner*±† | Elisha N. Hawk*± = Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder*± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn*±

Seth L. Cardeli §# | Samuel M. Collings*± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr. Steven J. German Set | Joel M. Rubenstein Se | Thomas G. Wilson 1.

BAR MEMBERSHIPS

*Maryland | • South Carolina | OMassachusetts | ± District of Columbia | ± Minnesota | 4 Pennsylvania | ‡ Illinots | † Florida | • North Carolina | \$ New York | ± New Jersey | ± West Virginia | • California

September 3, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Kenneth R. Lister, M.D. 2761 Sullins Street Knoxville. TN 37919

Re:

Wilma S. Carter and Lawrence Carter

Notice of health care liability claim required by

Tennessee Code Annotated § 29-26-121

To Kenneth R. Lister:

We are the attorneys representing Wilma S. Carter and Lawrence Carter.

Through their attorneys, Wilma S. Carter and Lawrence Carter are asserting a claim for health care liability against Specialty Surgery Center, PLLC, Crossville, Tennessee, and Kenneth R. Lister, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents of Specialty Surgery Center, PLLC to Wilma S. Carter from January 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Wilma S. Carter

Date of Birth:

, 1952

The name and address of the claimant authorizing this notice:

MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue; Snite 365 | Boston, Matsachusetts 02116 617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

Wilma S. Carter and Lawrence Carter 1591 Sawmill Road Crossville, TN 38555

The name and address of the attorney sending this notice:

Kimberly A. Dougherty Janet, Jenner & Suggs, LLC 31 St. James Avenue, Suite 365 Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Wilma S. Carter from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Wilma S. Carter.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Wilma S. Carter by any doctor who provided medical services for Wilma S. Carter. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Wilma S. Carter.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,

ful one

Kimberly A. Doughert

Enclosures

cc: Wilma S. Carter and Lawrence Carter (via first-class mail)

CJ Gideon (via electronic mail)

MASSACHUSETTS OFFICE
Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Baston, Massachusetts 02116 617-933-1265 | Fax 410-953-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES info@MyAdvocates.com | MyAdvocates.com The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Specialty Surgery Center, PLLC Donathan M. Ivey Registered Agent for Service of Process: 116 Brown Avenue Crossville, TN 38555-7703

Kenneth R. Lister, M.D. 116 Brown Avenue Crossville, TN 38555

Kenneth R. Lister, M.D. 2761 Sullins Street Knoxville, TN 37919

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:		
LIEDEDV ALITUODI	7E	to release the
information specified below for	ZE1 r the date(s):1	through
	REQUESTED IS FOR <u>LITIGATI</u>	
Robert K. Jenner Janet, Jenner & Suggs, LLC Commerce Center 1777 Reisterstown Rd, Suite I Baltimore, MD 21208	R&G Medical PO Box 5339	, RN, BS, LNCC Legal Solutions, LLC 385-5339
<u>11</u>	NFORMATION TO BE RELEASE	<u>D</u>
Municipal, Governmental, Fire or Police Records Federal or State Tax information or records	Inpatient Date Outpatient Date X Emergency Room records Face Sheet	X X-rays (digital) X X-ray reports X ENTIRE RECORD X Billing Records Steroid Injection
Wage, income or earning records or reports X Laboratory reports	X History & Physical X Discharge summary Consultation reports	Information [e.g., X manufacturer, Lot #] X Color copies of any photographs Test Results [e.g., Spinal
X Report and/or records from physician, therapist	X Surgery & Pathology reports MRIs (digital)	X Tap]

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(l)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated:	Signature:	
SSN:	Printed Name:	
DOB:	Address:	
•		

EXAMPLE OF NON-COMPLIANT HIPAA AUTHORIZATION

Brock, et al. v. Ameridose, et al., No. 1:13-cv-12731-FDS, Compl. Ex. A

Deficiency:

Release limits Tennessee Defendants to receiving the patient's medical records only for treatment from June 1, 2012, to present or another similar and arbitrary time period

Provision Violated:

Tenn. Code Ann. § 29-26-121(a)(2)(E), which requires a HIPAA release allowing a defendant to obtain "complete" medical records

LAW OFFICES OF

NEWMAN

Michael D. Galligau

Robert W. Newman

Susan N. Marttala

John P. Partin

Benjamin R. Newwan

M. Trevor Galligan

July 3, 2013

Saint Thomas Outpatient Neurosurgical Center, LLC FL 9
4230 Harding Pike
Nashville, TN 37205-2013
VIA CERTIFIED MAIL

RE:

DENIS BROCK

DOB:

/1947

SS#:

7255

Dear Sirs:

Pursuant to Tenn. Code Ann. §29-26-121, please be advised that I am the attorney representing DENIS BROCK and I am the authorized agent of Mrs. Brock. Through me and my firm, Mr. Brock is asserting a potential claim for medical malpractice against you. This claim arises out of care provided to Denis Brock for an out patient procedure performed at Saint Thomas Outpatient Neurosurgical Center, LLC, on July 23, 2012, wherein Mrs. Brock was injected with methylprednisolone acetate.

Enclosed herein is a list of the names and addresses of all providers being sent a notice. Also enclosed are HIPAA compliant medical authorizations permitting you to obtain complete medical records from each other provider being sent a notice.

Please forward this correspondence and enclosures to your professional liability insurance carrier and/or your legal counsel. Please ask your representative (either a representative from your professional liability insurance carrier or your legal counsel) to contact me.

Sincerely,

GALLIGAN & NEWMAN

Michael D. Galligan

AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION

Pa	itient Name: <u>Denis Brock</u>	DOB:	<u>1947</u>	Socia	l Security Number:	<i></i> 7255
1.	I authorize <u>Patricia Beck</u>	dam, pharmacis	t, John Culcla	ture, M.I	D., Howell Allen Clinic, N	<u> Íartin S.</u>
	Kelvas, pharmacist, M	ichael O'Neal	pharmacis	t, Rache	el Rome, M.D., Saint	Thomas
					N., St. Thomas Hospita	
	Thomas Health Services					
	to: Patricia Beckham, p					
	Kelvas, pharmacist, Mic					
	Neurosurgical Center, Del					
	and/or Scott C. Standard,					
	disclosure is as follows: <u>li</u>	tigation				
2.	The type and amount of in	formation to be	used or discl	osed is a	s follows:	
	Health information coveri			012	to present	
	☐ Abstract (includes H&F			□ Sum		
	Procedure Notes, Proce		c.)	☐ Disc	harge Summary (DS)	
	☐ Copy of Medical Record		~		rative/Procedure Report(C	P)
	Copy of Complete Reco		Financial)		ology Report	
	☐ History and Physical (H☐ Consultation	αP)		Li Labo	oratory Report	
	Other:					
3.	I understand that my health	information m	av include in	formatio	n relating to governly tron	amittod
<i>J</i> .	disease, acquired immunod					
	It may also include informa					
	and alcohol abuse.		. 10100 01 11101	tur mount	1 001 11000, and a commone	or drug
4.	I understand that I have a rig	ght to revoke this	authorization	n at any t	ime. I understand that, if I	revoke
	this authorization, I must					
	Information Management d					
	that the above named provide					
	my revocation will not apply					
	coverage and the law provide					
	policy itself. Unless otherw	rise revoked, this	s authorizatio	n will ex	pire on the following date	, event
	or condition:	If I fail	to specify an	expiration	on date, event, or condition	n, this
5	authorization will expire in		- 645 to 1 141.		et a standard or a standard	^ .
5.	I understand that authorizing sign this authorization. The					
	its health plan, or eligibility	uocior or nospia , for harafita on	u may not col	laition tr	eaunent, payment, enrolln	ient in
	authorize the above named p	rovider to discle	nty sigtinig t se my health	informa	orization. I understand it	n more
	be subject to re-disclosure by	the recinient an	d may no lone	er be nro	non, mo noann miormano stected by certain federal n	n may
	regulations. If I have any q	nestions about o	lisclosure of	nv healt	h information I can conta	ct the
	-provider-listed-above-					
	•		-			
•	Signature of Rationt/Plan Member/Guard	dian/Patient/Plan Med	nber Representati	ve;	Date:	
_	Davis D. Brock				8-25-13	
	Print Name of Patient/Plan Member's Re	presentative:			Relationship to Patient/Plan Member:	•
	Denis S. Brock		•		8014	

OTHER PROVIDERS RECEIVING THIS NOTICE RE: DENIS BROCK

Patricia Beckham
Baptist Women's Pavillion
2011 Murphy Ave.
Nashville, TN 37203

John Culclasure, M.D. Howell Allen Clinic 2011 Murphy Ave., Suite 301 Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Howell Allen Clinic, A Professional Corporation c/o Gregory B. Lanford, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Martin S. Kelvas, Pharmacist 4065 Rotterdam Pass Hampton, GA 30228

Martin S. Kelvas, Pharmacist St. Thomas Hospital P. O. Box 380 Nashville, TN 37202

Michael O'Neal Vanderbilt University Medical Center 1211 MCD/VUH B-101 Nashville, TN 37232

Rachel Rome, M.D.

<u>c/o St. Thomas Outpatient Neurosurgical Center</u>

4230 Harding Road, Suite 901

Nashville, TN 37205

Rachel Rome, M.D. 353 New Shackle Island Road Hendersonville, TN 37075

Other Providers Denis Brock Page 2

Rachel Rome, M.D. Center for Spine, Joint and Neuromuscular Rehabilitation Summit Medical Center 5651 Frist Boulevard, Suite 712 Hermitage, TN 37076

Rachel Rome, M.D.
Center for Spine, Joint and Neuromuscular Rehabilitation
Shoppes at the Village
833 Memorial Blvd., Suite E
Murfreesboro, TN 37129

Debra Schamberg, R.N. Howell Allen Clinic 2011 Murphy Ave., Suite 301 Nashville, TN 3703

Saint Thomas Outpatient Neurosurgical Center, LLC FL 9
4230 Harding Pike
Nashville, TN 37205-2013

Saint Thomas Outpatient Neurosurgical Center, LLC c/o Gregory B. Lanford, M.D. 2011 Murphy Ave, Ste 301
Nashville, TN 37203-2023

St. Thomas Hospital 4220 Harding Pike Nashville, TN 37205-2005

St. Thomas Hospital c/o E. Berry Holt, III Suite 800 102 Woodmont Blvd. Nashville, TN 37205-2221

Saint Thomas Health Services Suite 800 102 Woodmont Blvd. Nashville, TN 37205

Other Providers Denis Brock Page 3

Saint Thomas Health Services c/o E. Berry Holt, III Suite 800 102 Woodmont Blvd. Nashville, TN 37205-2221

Scott C. Standard, M.D. 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

EXAMPLE OF NON-COMPLIANT HIPAA AUTHORIZATION

Patel, et al. v. Ameridose, et al., No. 3:14-cv-12731-FDS, Compl. Ex. 3

Deficiency:

Release only authorizes health care providers to disclose the patient's medical records to the Plaintiffs' law firm

Provision Violated:

Tenn. Code Ann. § 29-26-121(a)(2)(E), which requires a HIPAA release allowing a <u>defendant</u> to obtain "complete" medical records



Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.*±

Dov Apſel*± | Stephen C. Offutt*±≈ | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer∆

Sharon R. Guzejko" | Kimberly A. Dougherty◊ | Francis M. Hinson, IV• | Hal J. KleinmanΔ‡ | Tara J. Posner"±† | Elisha N. Hawk"± ≈ Justin A. Browne" | Joyce E. Jones" | Jessica H. Meeder"± | Leah K. Barron" | Lindsey M. Craig" | Jason B. Penn"±

Seth L. Cardeli S ≈ | Samuel M. Collings"± | William F. Burnham"

OF COUNSEL

John C. Hensley, Jr. | Steven J. German Sxt | Joel M. Rubenstein Sx | Thomas G. Wilson to

BAR MEMBERSHIPS

*Maryland | *South Carolina | OMassachusetts | ± District of Columbia | = Minnesota | \(\Delta \) Pennsylvania | ± Illinois | † Florida | *North Carolina | *New York | = New Jersey | = West Virginia | *California

August 23, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Saint Thomas Outpatient Neurosurgical Center, LLC Gregory B. Lanford, M.D. Registered Agent for Service of Process 2011 Murphy Ave., Suite 301 Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Re: Gokulbhai Maganbhai Patel, deceased

Notice of health care liability claim required by

Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

We are the attorneys representing Pinal Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, and Vaughan A. Allen, M.D., including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

MASSACHUSETTS OFFICE Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116 617-933-1265 | Fax 410-653-6903 - 1-877-692-3862 | 1-877-MV-ADVOCATES infu@My \dvucates.com | MyAdvocates.com

Janet, Jenner & Suggs, LLC

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel Date of Birth: , 1932

The name and address of the claimant authorizing this notice, and their relationship to the patient:

Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel 315 S. Main Street Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty Janet, Jenner & Suggs, LLC 31 St. James Avenue, Suite 365 Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning the care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Janet, Jenner & Suggs, LLC

Very truly yours,

Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (via first-class mail)

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:		
I HEREBY AUTHORIZ	TE the date(s):t	to release the
information specified below for	the date(s):	nrougn
THE INFORMATION DE RELEASED TO:	REQUESTED IS FOR LITIGATION	ON PURPOSES AND IS TO
Robert K. Jenner Janet, Jenner & Suggs, LLC Commerce Center 1777 Reisterstown Rd, Suite 1 Baltimore, MD 21208	R&G Medical PO Box 5339	RN, BS, LNCC Legal Solutions, LLC
·	NFORMATION TO BE RELEASEI	<u>0</u>
Municipal, Governmental, Fire or Police Records Federal or State Tax information or records	Inpatient Date Outpatient Date X Emergency Room records Face Sheet	X X-rays (digital) X X-ray reports X ENTIRE RECORD X Billing Records
Wage, income or earning records or reports X Laboratory reports	X History & Physical X Discharge summary X Consultation reports	Steroid Injection Information [e.g., X manufacturer, Lot #] X Color copies of any photographs
X Laboratory reports X Report and/or records from physician, therapist	X Surgery & Pathology reports MRIs (digital)	Test Results [e.g., Spinal X Tap]

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(l)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from JANET, JENNER & SUGGS, LLC, R&G Medical Legal Solutions, LLC, or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of the law firm of JANET, JENNER & SUGGS, LLC, and/or R&G Medical Legal Solutions, LLC.

A photocopy of this authorization is to be considered as valid as the original.

Dated:	Signature: _	
SSN:	Printed Name:	
DOB:	Address:	
	,	

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Re: Pinal Patel, Personal Representative of the Estate of Gokulbhai Maganbhai Patel, deceased

Saint Thomas Outpatient Neurosurgical Center, LLC Gregory B. Lanford, M.D., Registered Agent for Service of Process 2011 Murphy Ave., Ste 301 Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC Floor 9
4230 Harding Pike
Nashville, TN 37205-2013

Howell Allen Clinic A Professional Corporation Gregory B. Lanford, M.D., Registered Agent for Service of Process 2011 Murphy Ave., Ste 301 Nashville, TN 37203-2023

Vaughan A. Allen, M.D 2011 Murphy Ave., Ste 301 Nashville, TN 37203-2023

EXAMPLE OF NON-COMPLIANT HIPAA AUTHORIZATION

Judd, et al. v. Ameridose, et al., No. 1:13-cv-13120-FDS, Compl. Ex. F

Deficiency:

Release does not provide a description of the information to be used or disclosed

Provision Violated:

45 C.F.R. § 164.508(c)(1)(i), which requires a HIPAA release contain a description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion

Law Office of ION E. JONES

First Tennessee Bank Building 345 South Jefferson Avenue, Suite 400 Cookeville, TN 38501

Jon E. Jones

Andrew R. Binkley, Associate Patrick Shea Callahan, Associate Telephone (931) 372-8771 Facsimile (931) 372-8992

August 22, 2013

Mailing Address: P.O. Box 699 Cookeville, TN 38503

THIS LETTER IS DUPLICATED BECAUSE ADDITIONS WERE MADE TO THE LIST OF PROVIDERS

Saint Thomas Outpatient Neurosurgical Center, LLC 4230 Harding Pike, Floor 9 Nashville, TN 37205-2013 NOTICE REQUIRED
BY T.C.A. § 29-26-121
CERTIFIED MAIL/
RETURN RECEIPT REQUESTED

Gentlemen:

Pursuant to T.C.A. § 29-26-121, please be advised that I am the attorney representing Kenneth H. Judd (date of birth: 1940) of 3000 Burgess Falls Road, Cookeville, Tennessee 38506. Through me Kenneth H. Judd and wife, Judy Judd, are asserting a potential claim for medical malpractice against you. Pursuant to T.C.A. § 29-26-121(a), the other health care providers being given notice are set out on the attached list.

As required by T.C.A. § 29-26-121(a), an executed HIPAA-compliant medical authorization permitting you to obtain complete medical records regarding this matter is enclosed. If this medical release is not acceptable for any reason, please contact us and we will use our best efforts to execute a form acceptable to you and/or the health care provider that will permit you to obtain complete records concerning Kenneth H. Judd as it relates to this incident. The claim of Judy Judd is derivative.

It is intended that this letter comply with the letter and spirit of *T.C.A.* § 29-26-121. If you believe it is deficient in any way, promptly notify us and any defect will be promptly cured. If we do not promptly hear from you, we will assume you believe this letter complies with the law.

If you claim that another person or entity other than those named on the attached page should be given notice of this claim under the above statute or that any other person or entity was an employer or serves as the principal of any person noticed or that any other person or entity caused or contributed to the damages averred in any way, please advise the undersigned.

We are prepared to reasonably cooperate to resolve this matter in a professional way.

Very truly yours,

LAW OFFICE/OF JON E. JONES

Jon E. Jones

EXHIBIT 1

HIPAA AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

SCIENCE OF STREET	(A. Man)						
Patient/Plan Member Name: K			Birth Date:	1940	Social Security No.		
Provider's/Health Plan's Name Saint Thomas Hospital, 4220 Har 2005; Saint Thomas West Hospital	ding Pike, Nashvill al, 4220 Harding Pi	ke, Nashville,	Recipient's Name: Saint Thomas Outpatient Neurosurgical Center LLC				
TN 37205-2005; Saint Thomas W III, 102 Woodment Boulevard, Sui Saint Thomas Outpatient Neuros	est Hospital, C/O I te 800, Nashville, T	E. Berry Holt, N 37205-2221;	Address 1: 4230 Harding Pike, Floor 9				
Harding Pike, Fl. 9, Nashville, TN Outpatient Neurosurgical Center	37205-2013; Saint , LLC, C/O Gregor	Thomas ry B. Lanford,	Address 2:				
Howell Allen Clinic, P.C., C/O Gr Murphy Avenue, Suite 301, Nashv Latham, M.D., Saint Thomas Hos Nashville, TN 37202; John W. Cu Clinic, 2011 Murphy Avenue, Suit John W. Culclasure, M.D., 1916 Nashville, TN 37212; Debra V. Sc Clinic, 2011 Murphy Avenue, Suit Debra V. Schamberg, R.N., 2644 37217-3904; Debra V. Schamber	Murphy Avenue, Suite 301, Nashville, TN 37203-2023; en Clinic, P.C., C/O Gregory B. Lanford, MD., 2011 renue, Suite 301, Nashville, TN 37203-2023; Robert H. I.D., Saint Thomas Hospital, 4220 Harding Road, TN 37202; John W. Culclasure, M.D., Howell Allen 1 Murphy Avenue, Suite 301, Nashville, TN 37203; utlclasure, M.D., 1916 Patterson Street, Suite 101, TN 37212; Debra V. Schamberg, R.N., Howell Allen 1 Murphy Avenue, Suite 301, Nashville, TN 37203; Gchamberg, R.N., 2644 Mossdale Drive, Nashville, TN 4; Debra V. Schamberg, R.N., Saint Thomas Outpatient cal Center, LLC, 4230 Harding Pike, Fl. 9, Nashville, TN 3		City: Nashville		State: TN	Zip: 37205- 2013	
This authorization will expire o	on the following:	Conclusion of I	itigation				
Purpose of disclosure: COMP							
Tarpose of disciosare. Colvin	Dese	cription of infor	mation to be	used or disclosed			
Is this request for psychotherap another authorization for other	y notes?Yes	, then this is the No, then you ma	only item yo	u may request on any items below a	this au as you	thorization. You m	ust submit
Description:	Date(s):	Description:		Date(s)	Desc	ription:	Date(s)
_ All PHI in medical record _ Admission form _ Dictation reports _ Physician orders _ Intake/outtake _ Clinical Test _ Medication Sheets		_ Operative Information _ Cath lab _ Special test/therapy _ Rhythm Strips _ Nursing Information _ Transfer forms _ ER Information			_OE_Po_Ite_UE_Ott	her: all diagnostic ms, x-rays, MRIs, AT scans, etc.	
I acknowledge, and hereby cor results or AIDS information.	nsent to such, that	the released inf al) If not application	ormation mag	y contain alcohol, ere. 🏻	drug	abuse, psychiatric, I	HV testing, HIV
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The purpose of the release of my records is for review by "Recipient" named above for which I am granting my authorization. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH ANY MEDICAL CARE PROVIDER OR THEIR REPRESENTATIVES OUTSIDE THE PRESENCE OF MY ATTORNEY. You may furnish this law firm records that are requested by this office. All medical records obtained by "Recipient" named above pursuant to this authorization shall be copied by their office and a Bates-numbered copy shall be furnished to my counsel Jon E. Jones, Law Office of Jon E. Jones, P.O. Box 699, Cookeville, TN 38503-0699, within five (5) days after the records are obtained through the use of this authorization.							
Property of the control of the contr			4		SS . SSLEET	e sense the sense	
I have read the above and auth Signature of Patient/Plan Men						: August 22, 2013	
Signature of Fauctorian Men		metta ian isleni		uu tv.	Jak		
Print Name of Patient/Plan Mo	ember's Represen	tative: Kenneth	H. Judd		Rela Self	tionship to Patient/	Plan Member:

LIST OF HEALTHCARE PROVIDERS WHOM NOTICE IS BEING GIVEN PURSUANT TO T.C.A. § 29-26-121(a) REGARDING PATIENT, KENNETH H. JUDD:

Saint Thomas Hospital 4220 Harding Pike Nashville, TN 37205-2005

Saint Thomas West Hospital 4220 Harding Pike Nashville, TN 37205-2005

Saint Thomas West Hospital C/O E. Berry Holt, III, Registered Agent 102 Woodmont Boulevard, Suite 800 Nashville, TN 37205-2221

Saint Thomas Outpatient Neurosurgical Center, LLC 4230 Harding Pike, Floor 9 Nashville, TN 37205-2013

Saint Thomas Outpatient Neurosurgical Center, LLC C/O Gregory B. Lanford, M.D., Registered Agent 2011 Murphy Avenue, Suite 301 Nashville, TN 37203-2023

Howell Allen Clinic, P.C. C/O Gregory B. Lanford, M.D., Registered Agent 2011 Murphy Avenue, Suite 301 Nashville, TN 37203-2023

Robert H. Latham, M.D. Saint Thomas Hospital 4220 Harding Road Nashville, TN 37202

John W. Culclasure, M.D. Howell Allen Clinic 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

John W. Culclasure, M.D. 1916 Patterson Street, Suite 101 Nashville, TN 37203-2145

Debra V. Schamberg, R.N. 2644 Mossdale Drive Nashville, TN 37217-3904

Debra V. Schamberg, R.N. Howell Allen Clinic 2011 Murphy Avenue, Suite 301 Nashville, TN 37203 Debra V. Schamberg, R.N. St. Thomas Outpatient Neurosurgical Center 4230 Harding Pike, Floor 9 Nashville, TN 37205-2013

EXAMPLE OF NON-COMPLIANT HIPAA AUTHORIZATION

Sawyers, et al. v. Ameridose, et al., No. 1:13-cv-12491-FDS, Compl. Ex. 1

Deficiency:

Release does not state the individuals or organizations authorized to disclose the patient's medical records

Provision Violated:

45 C.F.R. § 164.508(c)(1)(ii), which requires a HIPAA release contain the name or other specific identification of the individuals or organizations authorized to disclose the patient's medical records

CRAIN, SCHUETTE & ASSOCIATES

Larry Crain, Esq. 5214 Maryland Way, Ste. 402 Brentwood, TN 37027 T 615-376-2600 F 615-345-6009 Larry@CSAFirm.com

Admitted in TN, VA, Wash, D.C.



Brian Schuette, Esq.v 719A Dishman Lane Bowling Green, KY 42104 T 270-781-7500 F 270-781-7533 Brian@CSAFirm.com

Admitted in KY and TN

July 10, 2013

SENT BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Debra V. Schamberg, RN Howell Allen Clinic 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

RE: Notice of potential claim for health care liability, pursuant to Tenn. Code Ann. § 29-26-121

This law firm represents John Charles Sawyers in connection with injuries he sustained from a tainted steroid injection he received on or about September 10, 2012 in Davidson County, Tennessee. Because you may be named as a defendant in a Health Care Liability action filed on behalf of our client, you are entitled to written notice at least sixty (60) days before suit is filed, pursuant to Tenn. Code Ann. § 29-26-121. Below is the information required by the statute:

"Full name and date of birth of patient whose treatment is at issue" (See Tenn. Code Ann. § 29-26-121(a)(2)(A))	John Charles Sawyers 845 Meador Port Oliver Road Scottsville, KY 42164 Date of Birth: , 1949
"The name and address of the claimant authorizing the notice and the relationship to the patient, if the notice is not sent by the patient" (See Tenn. Code Ann. § 29-26-121(a)(2)(B))	Same as above.
"The name and address of the attorney sending the notice, if applicable" (See Tenn. Code Ann. § 29-26-121(a)(2)(C))	Brian Schuette, BPR# 19261 Crain, Schuette & Associates 719A Dishman Lane Bowling Green, KY 42104 (270) 781-7500 Voice (270) 781-7533 Facsimile Brian@CSAFirm.com
"A list of the name and address of all providers being sent a notice" (See Tenn. Code Ann. § 29-26-121(a)(2)(D))	See attached

"A HIPAA compliant medical authorization permitting the provider receiving the notice to obtain complete medical records from each other provider being sent a notice." See attached.

(See Tenn. Code Ann. § 29-26-121(a)(2)(E))

If you have any questions, please contact the undersigned.

Sincerely,

CRAIN, SCHUETTE & ASSOCIATES

Ву:___

Brian Schuette
Brian@CSAFirm.com

All Providers Being Sent A Notice

St. Thomas Outpatient Neurosurgical Center, LLC Gregory B. Lanford, M.D., Registered Agent 2011 Murphy Avenue, Ste 301 Nashville, TN 37203-2023

St. Thomas Outpatient Neurosurgical Center, LLC 4230 Harding Pike Medical Plaza East, Ste 901 Nashville, TN 37205

St. Thomas Outpatient Neurosurgical Center, LLC a/k/a St. Thomas Outpatient Neurosurgery Center/Clinic c/o Matthew H. Cline Gideon, Cooper & Essary, PLC Regions Center, Suite 1100 315 Deadrick Street Nashville, TN 37238

Debra V. Schamberg, RN Saint Thomas Outpatient Neurosurgical Center 4230 Harding Pike, Ste 901 Nashville, TN 37205

St. Thomas Health Foundations E. Berry Holt, III, Registered Agent 102 Woodmont Boulevard, Ste 800 Nashville, TN 37205-2221

St. Thomas Health Foundations
Attn: Dawn Rudolph
Chief Executive Officer
4220 Harding Pike
Nashville, TN 37205
Saint Thomas Health
c/o E. Berry Holt, III
102 Woodmont Boulevard, Ste 800
Nashville, TN 37205-2221

Saint Thomas Health 102 Woodmont Boulevard, Ste 800 Nashville, TN 37205-2221

St. Thomas Hospital c/o E. Berry Holt, III 102 Woodmont Boulevard, Suite 800 Nashville, TN 37205-2221

Saint Thomas Health c/o E. Berry Holt, III 102 Woodmont Boulevard, Suite 800 Nashville, TN 37205-2221 Saint Thomas Network 4220 Harding Pike Nashville, TN 37205-2005

New England Compounding Pharmacy, Inc. (Business Address is same) Gregory Conigliaro, Registered Agent 697 Waverly Street Framingham, MA 01701

Ameridose LLC (Business Address is same) Gregory Conigliaro, Resident (Registered) Agent 205 Flanders Road Westborough, MA 01581

Gregory Conigliaro 205 Flanders Road Westborough, MA 01581

Barry Cadden 205 Flanders Road Westborough, MA 01581

Howell Allen Clinic (Business Address is same) Attn: Gregory B. Lanford, M.D. Registered Agent 2011 Murphy Avenue, Suite 301 Nashville, TN 37203-2023

John Culclasure, M.D. Howell Allen Clinic 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Debra V. Schamberg, RN Howell Allen Clinic 2011 Murphy Avenue, Suite 301 Nashville, TN 37203

Patricia G. Beckham Baptist Women's Pavilion 2011 Murphy Avenue Nashville, TN 37203

<u>AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION</u> PURSUANT TO HIPAA C.F.R. 164.512

I authorize the use/disclosure of health information as described below.

1.	Person(s) or class of persons, medical provider or other entity or person authorized to disclose the information:
2.	Person(s) or class of persons or provider, company or entity to whom the information may be disclosed: DEBRA V. SCHAMBERG, RN
3.	I understand that this may include information relating to acquired immunodeficiency syndrome (AIDS) or infection with HIV (Human Immunodeficiency Virus), psychiatric care, treatment for alcohol and/or drug abuse, and/or genetic testing.
4.	Description of information to be disclosed: Medical records and reports, patient information and history forms, x-rays, x-ray report, pathology, pathology reports, insurance records, health care providers' reports and consultations, prescriptions, off-work slips, therapy records, lab reports, notes, tests and billing records and statements.
5.	The information will be used/disclosed for the following purposes: For medical providers and any other person or entity to obtain medical records for the purpose of determining what happened to John Charles Sawyers and what persons, manufacturers, distributors, purchasers or entities are responsible for causing injury to Mr. Sawyers and for any other lawful purpose.
6.	I understand that the health information described above may be redisclosed and no longer protected by federal and state privacy regulations.
7.	I understand that my healthcare or payment for healthcare will not be affected if I refuse to sign this authorization.
8.	In consideration of the release of information by
•	from the release of such information and the effects thereof.
address disclosi	stand that I have the right to revoke this authorization in writing at any time by sending written of revocation to the person(s), class of persons or provider, company or entity at the above. I understand my revocation of this authorization will not be effective as to uses and/or ures of any information that the person(s) and/or organization have previously provided. A this signed release shall be deemed as effective as if it were the original.
This au	thorization shall expire two years from the date of its execution.
1011	DOB: 1949 S.S. NO: 3457 Ohn Charles Sawyers
DATE	

EXAMPLE OF NON-COMPLIANT HIPAA AUTHORIZATION

Besaw, et al. v. Ameridose, et al., No. 1:13-cv-12604-FDS, Compl. Ex. 7A

Deficiency:

Release does not state the individuals or organizations authorized to receive the patient's medical records

Provision Violated:

45 C.F.R. § 164.508(c)(1)(iii), which requires a HIPAA release contain the name or other specific identification of the individuals or organizations authorized to receive the patient's medical records



English Lucas Priest & Owsley, LLP | Strongth. Knowledge. Experience.

Writes's c-mail address: hyoung@olpolaw.com

June 27, 2013

Via Certified Mail

St. Thomas Outpatient Neurosurgical Center, LLC a/k/a St. Thomas Outpatient Neurosurgery Center/Clinic c/o Matthew H. Cline / Gideon, Cooper & Essary, PLC Regions Center, Suite 1100 315 Deadrick Street Nashville, Tennessee 37238

Re: Travis Besaw

121 Rosie Street

Bowling Green, Kentucky 42103

DOB: /1982

To Whom It May Concern:

The below is a list of health care providers to whom notice is being given, pursuant to T.C.A. §29-26-121(a), of a potential claim for medical malpractice involving steroid injections administered at St. Thomas Outpatient Neurosurgical Clinic between May 21, 2012 and September 28, 2012.

- St. Thomas Outpatient Neurosurgical Center, LLC a/k/a St. Thomas Outpatient Neurosurgery Center/Clinic c/o Matthew H. Cline Gideon, Cooper & Essary, PLC Regions Center, Suite 1100 315 Deadrick Street Nashville, Tennessee 37238
- New England Compounding Pharmacy, Inc. c/o Daniel Cohn, Esq. Murtha Cullina, LLP 99 High Street, 20th Floor Boston, MA 02110

June 27, 2013 Page 2 of 4

- Ameridose LLC
 c/o Jane F. Warner
 Tucker Ellis LLP
 925 Euclid Avenue, Suite 1150
 Cleveland, Ohio 44115-1414
- Gregory Conigliaro
 Flanders Road
 Westborough, MA 01581
- Barry Cadden
 205 Flanders Road
 Westborough, MA 01581
- John Culclasure, M.D. Howell Allen Clinic
 2011 Murphy Avenue, Suite 301
 Nashville, TN 37203
- Howell Allen Clinic
 Attn: Gregory B. Lanford, M.D.
 Registered Agent
 2011 Murphy Avenue, Suite 301
 Nashville, TN 37203
- 8. St. Thomas Hospital Attn: Dawn Rudolph Chief Executive Officer 4220 Harding Road Nashville, TN 37205
- Saint Thomas Network
 4220 Harding Pike
 Nashville, TN 37205-2005
- 10. Saint Thomas Networkc/o E. Berry Holt, III102 Woodmont Boulevard, Suite 800Nashville, TN 37205-2221

June 27, 2013 Page 3 of 4

- Saint Thomas Health
 c/o E. Berry Holt, III
 102 Woodmont Boulevard, Suite 800
 Nashville, TN 37205-2221
- 12. Saint Thomas Health102 Woodmont Boulevard, Suite 800Nashville, TN 37205-2221
- 13. St. Thomas Hospital c/o E. Berry Holt, III 102 Woodmont Boulevard, Suite 800 Nashville, TN 37205-2221
- 14. St. Thomas Outpatient Neurosurgical Center, LLC
 c/o Gregory B. Lanford, M.D.
 2011 Murphy Avenue, Suite 301
 Nashville, TN 37203-2023
- 15. St. Thomas Outpatient Neurosurgical Center, LLC 4230 Harding Pike, Suite 901 Nashville, TN 37205
- 16. Debra V. Schamberg, RNHowell Allen Clinic2011 Murphy Avenue, Suite 301Nashville, TN 37203
- 17. Debra V. Schamberg, RNSaint Thomas Outpatient Neurosurgical Center4230 Harding Pike, Suite 901Nashville, TN 37205
- Patricia G. Beckham
 Baptist Women's Pavilion
 2011 Murphy Avenue
 Nashville, TN 37203

June 27, 2013 Page 4 of 4

Please give me a call if you have any questions.

Very truly yours,

ENGLISH, LUCAS, PRIEST & OWSLEY, LLP

Robert A. Young

RAY/tg

AUTHORIZATION	FOR, " "LEA	SE OF	PROTECTED HI	ealth ny	FORM	A TION (PHI)		
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Patient/Plan Member Nome: Travis Besaw		·	Birth Date: /1982			Social Security No. (optional):		
Provider's/Health Plan's Nan St. Thomas Out-Patlent		Center	Recipient's Name:			-		
Provider's/Health Plan's Add	ress:		Address to					
4230 Harding Pike Medical Plaza East, S	ulte 810		Address 2:					
Nashville, TN 37205		City:			State:		Lipe	
This authorization will expire Date: April 1, 2014	on the following	g: (Fill in	the Dute or the Even Event:	t but not both)			·
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Section A: This section mus	t be completed i	or all Authorizations	THE TOWN THE	OPMATION (PHI)	
Patient/Plan Member/Hame:	Birth Date:			Social Security No. (optional):	
Travis Besaw		/1982.	79.		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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Provider s/Health Plog's Ade	dress:	Activitance 1	- 15,		•
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Nashville, TN 37205	City:		Stark:	Zip:	
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CHARLES OF PERSONS ASSESSED AND A SERVICE CO. AUTHORIZATION FOR ""LEASE OF PROTECTED HEALTH INFORMATION (PHI Section A. This section must be corrected for all Authorizations. Social Security No. (optional): Birth Date: Patient/Plan Member Name: 71982 Travis Besaw Recipient's Name: Provider's Health Plan's Name: Howell Allen Clinic in il seerfres Provider still eaith Plan's Address: 2011 Murphy Ave., Sulte 301 Address 2: Nashville, TN 37203 Zip: State: City: This authorization will expire on the following: (Fill in the Bate or the Event but not both.)
Date: April 1, 2014

Event: Purpose of disclosure: COMPLIANCE WITH T.C.A. § 29-26-121 Description of information to be used or disclosed is this request for psychotherapy motes? O Yes, then this is the only ilem you may request on this authorization. You must submit another authorization for other items below. Who, then you may check as many herns below at you need. Date(s) Descoption: Date(s) Description: Date(s): Descripcion: MA aboutdelivery work D Operative information All PHI in medical rectord HOH nursing assets (Admission form GY Cath lab D'Postparlum flow street D'Special test/therapy Dictation reports D'Ijemized billi GY Rubythan Strips Dhysician orders CT (10-52: M Nursing Information Miniake/outlake O'Other, all diagnostic 12 Fransfer forms Clinical Test films, x-rays, MRIs, WER Information Medication Sheets CAT scans, etc. Other: I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results or AIDS information 17 (Initial) If not applicable, check here. I understand that: 1. I may refuse to sign this authorization and that it is society voluntary. 2. If I do not sign this form, my health care and the payment for my health care will not be affected unless stated otherwise. 3. I may revoke this authorization at any time in writing, but if I do, it will not have any affect on thy actions taken prior to receiving the revocation. Further details may be found in the Notice of Privacy Practices. 4. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be redisclosed. I understand that I my anomey will receive copies of all records received through this authorization. 6. I, through my attorney, will got a copy of this form after I sign it. Section B. W. Section 18 The purpose of the release of my records is for review by [medical care provider] for which I am granting my authorization. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH ANY IMEDICAL CARE PROVIDER OR THEIR REPRESENTATIVES OUTSIDE THE PRESENCE OF MY ATTORNEYS. You may formich this law firm records that are requested by this office. All medical records obtained pursuant to this authorization by [medical care provider] that i be copied by their office and a Bates numbered copy shall be furnished to my counsel [actor day and address], within five (5) days after the records are obtained drough the use of this authorization. Section C. Signatures I have read the above and authorize the disclosure of the protected health information as stated. Stone from or This nu Blan Member/Guardian/Patient/Plan Member Representative: Relationship to Perlent/Plan Member: Print Name of Palient/Plan Methbar's Representatives

Revised 3/2003

AUTHORIZATION	FOR TILE	ASE OF	PROTECTED H	EALTH INF	Ox wi	ALION (PHI)		
Section A: This section must	be completed	for all Auch	erizadońs	and the latest	7. 			
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Provider s/Health Plan's Nar Howell Allen Clinic	ne:		Recipie.st's Harne:					
Provider st Health Plon's Add	lress:	•	Address 1-			: · -		
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Nashville, TN 37203			Address 2;	and the second control of the second control				
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n Name of Palline/Plan Medi	ber's Represen	nanive R	bect Your	1 <u>a</u>	Rela	tionship to PelicaUPI L+OYN-LLA	an Member	
sed 3/2003	***************************************			J				

EXAMPLE OF NON-COMPLIANT HIPAA AUTHORIZATION

Siler, et al. v. Ameridose, et al., No. 1:13-cv-12489-FDS;

Tyree, et al. v. Ameridose, et al., No. 1:13-cv-12479

Deficiency:

Release does not state the purpose of the disclosure²

Provision Violated:

45 C.F.R. § 164.508(c)(1)(iv), which requires a HIPAA release contain a description of the purpose of the disclosure

² Plaintiffs in *Siler* and *Tyree* did not attach their HIPAA releases to their Complaints in violation of Tenn. Code Ann. § 29-26-121(b). Failure to comply with Tenn. Code Ann. § 29-26-121(b) is an independent ground for dismissal. *Vaughn v. Mountain States Health Alliance*, No. E2012-01042-COA-R3-CV, 2013 WL 817032, at *6 (Tenn. Ct. App. March 5, 2013); *Miller v. Uchendu*, No. 2:13-cv-02149-JPM-dkv, 2013 WL 4097340, at *5 (W.D. Tenn. Aug. 13, 2013). Therefore, the Plaintiffs' Complaints in *Siler* and *Tyree* should be dismissed for failure to comply with Tenn. Code Ann. § 29-26-121(a)(2)(E) and (b), amongst the other grounds identified in Exhibit A.

Beasley Allen BEASLEY, ALLEN, GROW, METHVIN, PORTIS & MILES, P.C. Attorneys at law

218 COMMERCE STREET
POST OFFICE BOX 4160
MONTGOMERY, ALABAMA 36103-4160
(934) 269-2343
(800) 898-2034
FAX: (334) 954-7555
BEASLEYALLEN.COM

W. Roger Smith Roger, Smith@BeasleyAllen.com

August 28, 2013

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Howell Allen Clinic c/o Gregory B. Lanford, M.D., Agent for Service

2011 Murphy Avenue, Suite 301

Nashville, Tennessee 37203-2023

Certified Article Number

7160 3901 9849 1580 2755

SENDERS RECORD

Re: Tracey Privitt Siler

Notice of Health Care Liability Claim Required by Tennessee Code Annotated §29-26-121 and Insurance Carrier Notice of Claims

To Dr. Gregory B. Lanford:

Beasley Allen and the Zamora Firm are the attorneys representing Tracey Siler and her husband, Chris Siler. Through her attorneys, this client asserts potential claims for healthcare liability against Howell Allen Clinic, including its agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by employees and/or agents of Howell Allen Clinic to this client from September 7, 2012 through October 9, 2012.

The full name and date of birth of the patient whose treatment is at issue is:

Name: Tracey Siler Date of Birth: /68

The names and address of the claimants authorizing this notice:

Tracey and Chris Siler 599 Loop Road Big Sandy, Tennessee 38221

The name and address of the attorneys sending this notice:

W. Roger Smith Beasley, Allen, Crow, Methvin, Portis & Miles, P.C. 218 Commerce Street Montgomery, Alabama 36104

Mark Zamora Zamora Firm as Co-Counsel P.O. Box 660216 Atlanta, Georgia 30366 Additionally I am writing to place you on notice of claims by our client who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Our client hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.

Attached hereto is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on our client, from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records for our client,

Neither this notice nor the medical authorization waives the common law physicianpatient privilege concerning the care and treatment of our client by any doctor who provided medical services for our client. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of our client.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Yours truly,

BEASLEY, ALLEN, CROW, METHVIN, PORTIS & MILES, P.C.

W. ROGER SMITH and

MARK ZAMORA AND ASSOCIATES,

CO-COUNSEL

WRS/ccp Enclosures

LIST OF ALL HEALTHCARE PROVIDERS TO WHOM NOTICE IS BEING GIVEN PURSUANT TO TENNESSEE CODE ANNOTATED SECTION 29-26-121(a)(2)(D)

Re:Tracey Siler and Chris Siler, Husband

Dr. Wayne McGee 1323 East Wood Street Paris, Tennessee 38242

Dr. Wayne McGee
East Wood Clinic c/o Scott Summers, M.D., Agent for Service
1323 East Wood Street
Paris, Tennessee 38242

East Wood Clinic c/o Scott Summers, M.D. 1323 East Wood Street Paris, Tennessee 38242

Dr. Tim Schoettle 2011 Murphy Avenue, Suite 301 Nashville, Tennessee 37203-2023

Dr. Tim Schoettle Howell Allen Clinic c/o Gregory B. Lanford, M.D., Agent for Service 2011 Murphy Avenue, Suite 301 Nashville, Tennessee 37203-2023

Howell Allen Clinic c/o Gregory B. Lanford, M.D., Agent for Service 2011 Murphy Avenue, Suite 301
Nashville, Tennessee 37203-2023

Dr. Robert Latham 4220 Harding Pike Nashville, Tennessee 37205

Dr. Robert Latham c/o St. Thomas Infectious Disease 4220 Harding Pike Nashville, Tennessee 37205

St. Thomas Infectious Disease 4220 Harding Pike Nashville, Tennessee 37205

LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider identified below to disclose certain information (the "Information") as provided in this Authorization.

Information To Be Used Or Disclosed
Patient Name: Tracey Privitt Patient Identifier:
Description of Information. Any and all medical information and records, or true and correct copies thereof, in your possession, custody or control, including, but not limited to, medical histories, records, reports, summaries, diagnosis, prognoses, records of treatment and medication ordered and/or given, entries, letters or correspondence to other physicians, electrocardiograms, x-ray films and reports, ultrasounds, diagnostic imaging studies, laboratory data and records, pathological reports, slides and specimens, prescription records, insurance records, bills or statements of account, incident reports, birth certificates, death certificates and all other written or graphic data prepared, kept, made or maintained in your possession, custody or control and summaries of injuries, treatment and prognosis, if requested, that pertain to the Patient. THIS AUTHORIZATION DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH THE REFERENCED INDIVIDUAL OR ORGANIZATION.
Persons Or Organizations Authorized To Disclose The Information
Health Care Provider Howell Allen Clinic
I authorize the Health Care Provider(s) and its employees and agents to disclose the Information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.
Persons or Organizations Authorized to Receive the Information
or any representative, attorney or investigator from said organization or person.
Purpose of the Requested Use or Disclosure
Expiration and Revocation of This Authorization
Expiration Date or Event:
I understand that I may revoke this Authorization at any time prior to the expiration date or event, but that my revocation will not have any affect on actions taken by the Health Care Provider, its employees or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the Health Care Provider at the following address:
Signature (Witness) I understand that I may see and copy the Information if I ask for it. I understand that any Information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law or regulations. Signature (Authorized Representative) Signature (Witness) Date Call agus Relationship to Patient

Aug. 13. 2013 10:20AM

No. 2064 P. 8 Rcd 8/13/13



218 COMMERCE STREET POST OFFICE BOX 4460 MONTGOMERY, ALABAMA 36103-4160 (334) 269-2343 (800) 898-2034 FAX: (334) 954-7555 BEASLEYALLEN.GOM

W. Roger Smith Roger.Smith@BeasleyAllen.com

5028417

August 5, 2013

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Saint Thomas Outpatient Neurosurgical Center, LLC c/o Gregory B. Lanford, M.D., registered agent for service of process 2011 Murphy Avenue, Suite 301
Nashville, Tennessee 37203-2023

Saint Thomas Outpatient Neurological Center, LLC Floor 9
Harding Pike
Nashville, Tennessee 37205-2013

Certified Article Number
7160 3701 9849 1580 3684
SENDERS RECORD

Re: Phillip Tyree

Notice of Health Care Liability Claim Required by Tennessee Code Annotated §29-26-121 and Insurance Carrier Notice of Claims

To Saint Thomas Outpatient Neurosurgical Center, LLC:

Beasley Allen and the Zamora Firm are the attorneys representing Phillip Tyree and his wife, Maria-Fe Tyree. Through his attorneys, this client asserts potential claims for healthcare liability against St. Thomas Outpatient Neurosurgical Center, LLC, including its agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC, to this client from August 17, 2012 through August 31, 2012.

The full name and date of birth of the patient whose treatment is at issue is:

Name: Phillip Tyree

Date of Birth:

, 1952

The names and address of the claimants authorizing this notice:

Phillip and Maria-Fe Tyree Tyree

799 AB Tyree Road

Lewisburg, Kentucky 42256

The name and address of the attorneys sending this notice:

W. Roger Smith Beasley, Allen, Crow, Methvin, Portis & Miles, P.C. 218 Commerce Street Montgomery, Alabama 36104

Mark Zamora Zamora Firm as Co-Counsel P.O. Box 660216 Atlanta, Georgia 30366

Additionally I am writing to place Saint Thomas Outpatient Neurosurgical Center, LLC, on notice of claims by our client who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Our client hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.

Attached hereto is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on our client, from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records for our client.

Neither this notice nor the medical authorization waives the common law physicianpatient privilege concerning the care and treatment of our client by any doctor who provided medical services for our client. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of our client.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Yours truly,

BEASLEY, ALLEN, CROW, METHVIN,

PORTIS & MILES, P.O.

W ROCKA SMITH and

MARK ZAMORA AND ASSOCIATES,

CO-COUNSEL

WRS/ccp Enclosures

LIST OF ALL HEALTHCARE PROVIDERS TO WHOM NOTICE IS BEING GIVEN PURSUANT TO TENNESSEE CODE ANNOTATED SECTION 29-26-121(a)(2)(D)

Re: Phillip Tyree and Maria-Fe Tyree, Wife of Phillip Tyree

Saint Thomas Outpatient Neurosurgical Center, LLC c/o Gregory B. Lanford, M.D., Registered Agent for Service of Process 2011 Murphy Avenue, Suite 301
Nashville, Tennessee 37203-2023

Saint Thomas Outpatient Neurological Center, LLC 4230 Harding Pike, Suite 901 Nashville, Tennessee 37205-2013

Howell Allen Clinic, A Professional Corporation c/o Gregory B. Lanford, M.D., Registered Agent for Service of Process 2011 Murphy Avenue, Suite 301 Nashville, Tennessee 37203-2023

John Weeks Culclasure, M.D. Howell Allen Clinic 2011 Murphy Avenue, Suite 301 Nashville, Tennessee 37203

John Weeks Culclasure, M.D. Saint Thomas Outpatient Neurological Center 4230 Harding Pike, Suite 901 Nashville, Tennessee 37205

Debra V. Schamberg, R.N. Nashville, Tennessee 37217

Debra V. Schamberg, R.N. Howell Allen Clinic 2011 Murphy Avenue, Suite 301 Nashville, Tennessee 37203

Debra V. Schamberg, R.N. Saint Thomas Outpatient Neurological Center 4230 Harding Pike, Suite 901 Nashville, Tennessee 37205 Aug. 13. 2013 10:20AM

No. 2064 P. 11

LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider identified below to disclose certain information (the "Information") as provided in this Authorization.

Information To Be Used Or Disclosed
Patient Name: Phillip Tyree Patient Identifier: Description of Information: Any and all medical information and records, or true and correct copies thereof, in your possession, custody or control, including, but not limited to, medical histories, records, reports, summaries, diagnosis, prognoses, records of treatment and medication ordered and/or given, entries, letters or correspondence to other physicians, electrocardiograms, x-ray films and reports, ultrasounds, diagnostic imaging studies, laboratory data and records, pathological reports, slides and specimens, prescription records, insurance records, bills or statements of account, incident reports, birth certificates, death certificates and all other written or graphic data prepared, kept, made or maintained in your possession, custody or control and summaries of injuries, treatment and prognosis, if requested, that pertain to the Patient. THIS AUTHORIZATION DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH THE REFERENCED INDIVIDUAL OR ORGANIZATION.
Persons Or Organizations Authorized To Disclose The Information
Health Care Provider Saint Thomas Outpatient Neurological Center
I authorize the Health Care Provider(s) and its employees and agents to disclose the Information as provided in this Authorization. A photostatic copy of this Authorization is to be considered as effective as the original. I understand that I am not required to sign this Authorization. The Health Care Provider will not condition treatment, payment, enrollment or eligibility for benefits on whether I sign this Authorization.
Persons or Organizations Authorized to Receive the Information
or any representative, attorney or investigator from said organization or person.
Purpose of the Requested Use or Disclosure
Expiration and Revocation of This Authorization Expiration Date or Event:
I understand that I may revoke this Authorization at any time prior to the expiration date or event, but that my revocation will not have any affect on actions taken by the Health Care Provider, its employees or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the Health Care Provider at the following address:
I understand that I may see and copy the Information if I ask for it. I understand that any Information released may be subject to re-disclosure by the recipient and may no longer be protected by federal or state privacy law or regulations.
Phillip R Those 8-8-2013
Signature (Patient) Date Signature (Authorized Representative) Date Signature (Authorized Representative)
Signature (Witness) Relationship to Patient

EXAMPLE OF NON-COMPLIANT HIPAA AUTHORIZATION

Siler, et al. v. Ameridose, et al., No. 1:13-cv-12489-FDS

Tyree, et al. v. Ameridose, et al., No. 1:13-cv-12479

Deficiency:

Release does not include an expiration date or termination event³

Provision Violated:

45 C.F.R. § 164.508(c)(1)(v), which requires a HIPAA release contain an expiration date or termination event

³ Plaintiffs in *Siler* and *Tyree* did not attach their HIPAA releases to their Complaints in violation of Tenn. Code Ann. § 29-26-121(b). Failure to comply with Tenn. Code Ann. § 29-26-121(b) is an independent ground for dismissal. *Vaughn v. Mountain States Health Alliance*, No. E2012-01042-COA-R3-CV, 2013 WL 817032, at *6 (Tenn. Ct. App. March 5, 2013); *Miller v. Uchendu*, No. 2:13-cv-02149-JPM-dkv, 2013 WL 4097340, at *5 (W.D. Tenn. Aug. 13, 2013). Therefore, the Plaintiffs' Complaints in *Siler* and *Tyree* should be dismissed for failure to comply with Tenn. Code Ann. § 29-26-121(a)(2)(E) and (b), amongst the other grounds identified in Exhibit A.

Beasley Allen BEASLEY, ALLEN, GROW, METHVIN, PORTIS & MILES, P.C. Attorneys at law

218 COMMERCE STREET POST OFFICE BOX 4160 MONTGOMERY, ALABAMA 36103-4160 (934) 269-2343 (900) 898-2034 FAX: (394) 954-7555 BEASLEVALLEN.COM

W. Roger Smith Roger Smith@BeasleyAllen.com

August 28, 2013

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Howell Allen Clinic c/o Gregory B. Lanford, M.D., Agent for Service

2011 Murphy Avenue, Suite 301 Nashville, Tennessee 37203-2023 Certified Article Number

7160 3901 9849 1580 2755

SENDERS RECORD

Re: Tracey Privitt Siler

Notice of Health Care Liability Claim Required by Tennessee Code Annotated §29-26-121 and Insurance Carrier Notice of Claims

To Dr. Gregory B. Lanford:

Beasley Allen and the Zamora Firm are the attorneys representing Tracey Siler and her husband, Chris Siler. Through her attorneys, this client asserts potential claims for healthcare liability against Howell Allen Clinic, including its agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by employees and/or agents of Howell Allen Clinic to this client from September 7, 2012 through October 9, 2012.

The full name and date of birth of the patient whose treatment is at issue is:

Name: Tracey Siler
Date of Birth: 58

The names and address of the claimants authorizing this notice:

Tracey and Chris Siler 599 Loop Road Big Sandy, Tennessee 38221

The name and address of the attorneys sending this notice:

W. Roger Smith Beasley, Allen, Crow, Methvin, Portis & Miles, P.C. 218 Commerce Street Montgomery, Alabama 36104

Mark Zamora
Zamora Firm as Co-Counsel
P.O. Box 660216
Atlanta, Georgia 30366

Additionally I am writing to place you on notice of claims by our client who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Our client hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.

Attached hereto is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on our client, from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records for our client.

Neither this notice nor the medical authorization waives the common law physicianpatient privilege concerning the care and treatment of our client by any doctor who provided medical services for our client. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of our client.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Yours truly,

BEASLEY, ALLEN, CROW, METHVIN, PORTIS & MILES, P.C.

W. ROGER SMITH and

MARK ZAMORA AND ASSOCIATES,

CO-COUNSEL

WRS/ccp Enclosures

LIST OF ALL HEALTHCARE PROVIDERS TO WHOM NOTICE IS BEING GIVEN PURSUANT TO TENNESSEE CODE ANNOTATED SECTION 29-26-121(a)(2)(D)

Re:Tracey Siler and Chris Siler, Husband

Dr. Wayne McGee 1323 East Wood Street Paris, Tennessee 38242

Dr. Wayne McGee East Wood Clinic c/o Scott Summers, M.D., Agent for Service 1323 East Wood Street Paris, Tennessee 38242

East Wood Clinic c/o Scott Summers, M.D. 1323 East Wood Street Paris, Tennessee 38242

Dr. Tim Schoettle 2011 Murphy Avenue, Suite 301 Nashville, Tennessee 37203-2023

Dr. Tim Schoettle Howell Allen Clinic c/o Gregory B. Lanford, M.D., Agent for Service 2011 Murphy Avenue, Suite 301 Nashville, Tennessee 37203-2023

Howell Allen Clinic c/o Gregory B. Lanford, M.D., Agent for Service 2011 Murphy Avenue, Suite 301 Nashville, Tennessee 37203-2023

Dr. Robert Latham 4220 Harding Pike Nashville, Tennessee 37205

Dr. Robert Latham c/o St. Thomas Infectious Disease 4220 Harding Pike Nashville, Tennessee 37205

St. Thomas Infectious Disease 4220 Harding Pike Nashville, Tennessee 37205

LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider identified below to disclose certain information (the "Information") as provided in this Authorization.

Informatio	n To Be Used Or Disclosed
Patient Name: Tracey Privitt Patient Ide	
possession, custody or control, including, but not prognoses, records of treatment and medication physicians, electrocardiograms, x-ray films and records, pathological reports, slides and specime account, incldent reports, birth certificates, death or maintained in your possession, custody or cont	information and records, or true and correct copies thereof, in your limited to, medical histories, records, reports, summaries, diagnosts, ordered and/or given, entries, letters or correspondence to other eports, ultrasounds, diagnostic imaging studies, laboratory data and ens, prescription records, insurance records, bills or statements of certificates and all other written or graphic data prepared, kept, made rol and summaries of injuries, treatment and prognosis, if requested, ON DOES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH ITION.
Persons Or Organization	s Authorized To Disclose The Information
Health Care Provider Howell Allen Clinic	
Authorization A photostatic copy of this Authoriza	mployees and agents to disclose the Information as provided in this ation is to be considered as effective as the original. I understand that lealth Care Provider will not condition treatment, payment, enrollment orization.
Persons or Organizatio	ns Authorized to Receive the Information
or any represe	ntative, attorney or investigator from said organization or person.
Purpose of th	ne Requested Use or Disclosure
;	
Expiration and	Revocation of This Authorization
Expiration Date or Event:	
will not have any affect on actions taken by the He	at any time prior to the expiration date or event, but that my revocation ealth Care Provider, its employees or agents before they received my ization, I must send written notice to the Health Care Provider at the
subject to re-disclosure by the recipient and may r	ation if I ask for it. I understand that any Information released may be no longer be protected by federal or state privacy law or regulations.
Signature/(Patient) Siles 22 Aug. 20 Signature/(Patient) Date	Signature (Authorized Representative) Date
+ a STOLAN	Colleges 11
Signature (Witness)	Relationship to Patient
4.	

Aug. 13. 2013 10:20AM

No. 2064 P. 8 Rcel 8/13/13

Beasley Allen

BEASLEY, ALLEN, CROW, METHVIN, PORTIS & MILES, P.C.

Attorneys at law

218 COMMERCE STREET POST OFFICE BOX 4460 MONTGOMERY, ALABAMA 36103-4160 (334) 269-2343 (800) 898-2034 FAX: (334) 954-7555 BEASLEYALLEN,COM

W. Roger Smith Roger.Smith@BeasleyAllen.com

5C28417

August 5, 2013

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Saint Thomas Outpatient Neurosurgical Center, LLC c/o Gregory B. Lanford, M.D., registered agent for service of process 2011 Murphy Avenue, Suite 301

Nashville, Tennessee 37203-2023

Saint Thomas Outpatient Neurological Center, LLC Floor 9
Harding Pike
Nashville, Tennessee 37205-2013

Certified Article Number
7340 3901 9849 1580 3684
SENDERS RECORD

Re: Phillip Tyree

Notice of Health Care Liability Claim Required by Tennessee Code Annotated §29-26-121 and Insurance Carrier Notice of Claims

To Saint Thomas Outpatient Neurosurgical Center, LLC:

Beasley Allen and the Zamora Firm are the attorneys representing Phillip Tyree and his wife, Maria-Fe Tyree. Through his attorneys, this client asserts potential claims for healthcare liability against St. Thomas Outpatient Neurosurgical Center, LLC, including its agents, employees, physicians, nurses and pharmacists.

This potential claim arises out of care, medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC, to this client from August 17, 2012 through August 31, 2012.

The full name and date of birth of the patient whose treatment is at issue is:

Name: Phillip Tyree

Date of Birth: , 1952

The names and address of the claimants authorizing this notice:

Phillip and Maria-Fe Tyree Tyree

799 AB Tyree Road

Lewisburg, Kentucky 42256

No. 2064 P. 9

Aug. 13. 2013 10:20AM

The name and address of the attorneys sending this notice:

W. Roger Smith Beasley, Allen, Crow, Methvin, Portis & Miles, P.C. 218 Commerce Street Montgomery, Alabama 36104

Mark Zamora Zamora Firm as Co-Counsel P.O. Box 660216 Atlanta, Georgia 30366

Additionally I am writing to place Saint Thomas Outpatient Neurosurgical Center, LLC, on notice of claims by our client who has suffered personal injury and has incurred medical and other expenses as a result of receiving drugs that were compounded by New England Compounding Pharmacy, Inc. d/b/a New England Compounding Center. Our client hereby asserts claims for product liability, negligence, breach of warranty, and misrepresentation associated with such drugs and the treatment received. Please promptly provide a copy of this notice to all carriers who may potentially provide you with insurance coverage for these claims.

Attached hereto is a list of all healthcare providers to whom notice is being given, pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(E), I also enclose a HIPAA compliant medical authorization permitting you to obtain complete medical records on our client, from each provider being sent a notice. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records for our client.

Neither this notice nor the medical authorization waives the common law physicianpatient privilege concerning the care and treatment of our client by any doctor who provided medical services for our client. We expect that you will not communicate with any person, other than your attorney, about any doctor's care and treatment of our client.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you, we will assume that you agree the letter complies with the law.

Yours truly,

BEASLEY, ALLEN, CROW, METHVIN,

PORTISS MILES, P. G

W ROCEAN SMITH and

MARK ZAMORA AND ASSOCIATES,

CO-COUNSEL

WRS/ccp Enclosures

LIST OF ALL HEALTHCARE PROVIDERS TO WHOM NOTICE IS BEING GIVEN PURSUANT TO TENNESSEE CODE ANNOTATED SECTION 29-26-121(a)(2)(D)

Re: Phillip Tyree and Maria-Fe Tyree, Wife of Phillip Tyree

Saint Thomas Outpatient Neurosurgical Center, LLC c/o Gregory B. Lanford, M.D., Registered Agent for Service of Process 2011 Murphy Avenue, Suite 301 Nashville, Tennessee 37203-2023

Saint Thomas Outpatient Neurological Center, LLC 4230 Harding Pike, Suite 901 Nashville, Tennessee 37205-2013

Howell Allen Clinic, A Professional Corporation c/o Gregory B. Lanford, M.D., Registered Agent for Service of Process 2011 Murphy Avenue, Suite 301 Nashville, Tennessee 37203-2023

John Weeks Culclasure, M.D. Howell Allen Clinic 2011 Murphy Avenue, Suite 301 Nashville, Tennessee 37203

John Weeks Culclasure, M.D. Saint Thomas Outpatient Neurological Center 4230 Harding Pike, Suite 901 Nashville, Tennessee 37205

Debra V. Schamberg, R.N. Nashville, Tennessee 37217

Debra V. Schamberg, R.N. Howell Allen Clinic 2011 Murphy Avenue, Suite 301 Nashville, Tennessee 37203

Debra V. Schamberg, R.N.
Saint Thomas Outpatient Neurological Center
4230 Harding Pike, Suite 901
Nashville, Tennessee 37205

.Aug. 13. 2013 10:20AM

No. 2064 P. 11

LIMITED AUTHORIZATION TO DISCLOSE MEDICAL INFORMATION OR RECORDS

By signing below, I hereby request and authorize the Health Care Provider identified below to disclose certain information (the "Information") as provided in this Authorization.

Information To Be	Used Or Disclosed
possession, custody or control, including, but not limited to prognoses, records of treatment and medication ordered physicians, electrocardiograms, x-ray films and reports, u records, pathological reports, slides and specimens, presaccount, incident reports, birth certificates, death certificate or maintained in your possession, custody or control and s	on and records, or true and correct copies thereof, in your or medical histories, records, reports, summaries, diagnosis, and/or given, entries, letters or correspondence to other ltrasounds, diagnostic imaging studies, laboratory data and scription records, insurance records, bills or statements of as and all other written or graphic data prepared, kept, made summaries of injuries, treatment and prognosis, if requested, ES NOT AUTHORIZE VERBAL COMMUNICATIONS WITH
Persons Or Organizations Author	orized To Disclose The Information
Health Care Provider Saint Thomas Outpatient Neurologica	l'Center
Authorization. A photostatic copy of this Authorization is to	s and agents to disclose the Information as provided in this be considered as effective as the original. I understand that are Provider will not condition treatment, payment, enrollment in.
Persons or Organizations Auth	orized to Receive the Information
or any representative,	attorney or investigator from said organization or person.
Purpose of the Requ	ested Use or Disclosure
Expiration and Revoca Expiration Date or Event:	tion of This Authorization
will not have any affect on actions taken by the Health Ca	ne prior to the expiration date or event, but that my revocation re Provider, its employees or agents before they received my I must send written notice to the Health Care Provider at the
Lundarstand that I may see and capy the Information if I	ask for it. I understand that any Information released may be
	r be protected by federal or state privacy law or regulations.
Signature/Patient) Date S	Signature (Authorized Representative) Date
	Relationship to Patient

EXAMPLE OF NON-COMPLIANT HIPAA AUTHORIZATION

Ferguson, et al. v. Ameridose, et al., No. 1:13-cv-12571-FDS, Compl. Ex. 7A

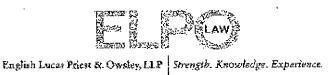
Deficiency:

Release does not include the signature <u>and</u> date of the patient or patient's representative's authorization⁴

Provision Violated:

45 C.F.R. § 164.508(c)(1)(vi), which requires a HIPAA release contain the signature of the individual authorizing the release and the date of the authorization

⁴ Interestingly, the HIPAA releases attached to the Plaintiffs' Complaint, and which were testified to as true and accurate copies of the HIPAA releases sent to the office of counsel, are not identical copies of the HIPAA releases sent to counsel. This is attested to in the affidavit filed with this Memorandum of Law. For the Court's convenience, counsel also includes copies of the HIPAA releases sent to counsel. As the Court will note, all of the HIPAA releases sent to counsel do not include the signature date. Only one of the HIPAA releases filed by the Plaintiffs does not include the signature date.



Writer's e-mail address: byoungottelectaw.com,

June 28, 2013

Via Certified Mail

St. Thomas Outpatient Neurosurgical Center, LLC a/k/a St. Thomas Outpatient Neurosurgery Center/Clinic c/o Matthew H. Cline Gideon, Cooper & Essary, PLC Regions Center, Suite 1100 315 Deadrick Street Nashville, Tennessee 37238

Re: Rosemary Ferguson

162 Luncford Rd. Leoma, TN 38468 DOB: /1956

To Whom It May Concern:

The below is a list of health care providers to whom notice is being given, pursuant to T.C.A. §29-26-121(a), of a potential claim for medical malpractice involving steroid injections administered at St. Thomas Outpatient Neurosurgical Clinic between May 21, 2012 and September 28, 2012.

- St. Thomas Outpatient Neurosurgical Center, LLC a/k/a St. Thomas Outpatient Neurosurgery Center/Clinic c/o Matthew H. Cline Gideon, Cooper & Essary, PLC Regions Center, Suite 1100 315 Deadrick Street Nashville, Tennessee 37238
- New England Compounding Pharmacy, Inc. c/o Daniel Cohn, Esq. Murtha Cullina, LLP 99 High Street, 20th Floor Boston, MA 02110

1301 COLLEGE ST., PO BOX 770 BOWLING OffEEN, KY 42102 F 270,781 6500

F 270,782,7782

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June 28, 2013 Page 2 of 4

- Ameridose LLC
 c/o Jane F. Warner
 Tucker Ellis LLP
 925 Euclid Avenue, Suite 1150
 Cleveland, Ohio 44115-1414
- Gregory Conigliaro
 205 Flanders Road
 Westborough, MA 01581
- Barry Cadden
 205 Flanders Road
 Westborough, MA 01581
- John Culclasure, M.D. Howell Allen Clinic 2011 Murphy Avenue, Suite 301 Nashville, TN 37203
- Howell Allen Clinic
 Attn: Gregory B. Lanford, M.D. Registered Agent
 2011 Murphy Avenue, Suite 301
 Nashville, TN 37203
- St. Thomas Hospital Attn: Dawn Rudolph Chief Executive Officer 4220 Harding Road Nashville, TN 37205
- Saint Thomas Network
 4220 Harding Pike
 Nashville, TN 37205-2005
- 10. Saint Thomas Network c/o E. Berry Holt, III 102 Woodmont Boulevard, Suite 800 Nashville, TN 37205-2221

June 28, 2013 Page 3 of 4

- 11. Saint Thomas Healthc/o E. Berry Holt, III102 Woodmont Boulevard, Suite 800Nashville, TN 37205-2221
- 12. Saint Thomas Health102 Woodmont Boulevard, Suite 800Nashville, TN 37205-2221
- 13. St. Thomas Hospitalc/o E. Berry Holt, III102 Woodmont Boulevard, Suite 800Nashville, TN 37205-2221
- 14. St. Thomas Outpatient Neurosurgical Center, LLC
 c/o Gregory B. Lanford, M.D.
 2011 Murphy Avenue, Suite 301
 Nashville, TN 37203-2023
- St. Thomas Outpatient Neurosurgical Center, LLC
 4230 Harding Pike, Suite 901
 Nashville, TN 37205
- 16. Debra V. Schamberg, RNHowell Allen Clinic2011 Murphy Avenue, Suite 301Nashville, TN 37203
- 17. Debra V. Schamberg, RNSaint Thomas Outpatient Neurosurgical Center4230 Harding Pike, Suite 901Nashville, TN 37205
- 18. Patricia G. Beckham Baptist Women's Pavilion 2011 Murphy Avenue Nashville, TN 37203

June 28, 2013 Page 4 of 4

Please give me a call if you have any questions.

Very truly yours,

ENGLISH LUCAS, PRIEST & OWSLEY, LLP

Robert A. Young

RAY/tg

authorization for ""Lease of protected health information (PHI) Section A: This section must be competent for all Authorizations Social Security No. (optional): Birth Date: Rayleby Plan Member Name: Rosemany C. Ferguson /1956 :-Recipiess's Name: Provider stHealth Plan's Name: Howell Allen Clinic Provider's/Health Plan's Address: 2011 Murphy Ave., Suite 301 Address 2: Nashville, TN 37203 Zipe States Cityc : This authorization will expire on the following: (fill in the Deac or the Event but not both.) Date: Aprill 1, 2014 Event: Purpose of disclosure — COMPLIANCE WITH T.C.A. [29-26-12] Description of information to be used or disclosed is this request for perchetherapy notes? A Yes, then this is the only hear you may reguest on this action taken. You must submit accollect archivatization for artest fixms below. Who, then you may check as really from below up you need. Date(5) Description! Description: Deve(s) Dato(s): Description: Diabondelivery sem-Operative Information All PHI in medical record De nursing assess In Cath lab Admission form Postportum flow short D'Special test/therapy Dictation reports Theniad bill: TOO 92: Ofthythin Strips M Physician orders nopsingolut grässoff M 53 Intake cuttake Oppose all dismostic Tamsfer forms & Clinical Test fine x-roys, MRIE, LI ER information Mandication Sheets CAT scars, eac. El Olfich l auknowledge, and hereby consent to such, therebe released information may contain alcohol, ding struct psychianic, HIV testing HIV results or AIDS information. ** (Injust) Thirds applicable, there here C i understand disti I. I may refuse to sign this authorization and that it is strictly voluntary. 2. If I do not sign this form, my health nais and the payment for my health cate will not be affected indees stated otherwise. 3. I may revoke this authorization at any fine in writing, but if I do, it will not have any affection my settions taken prior to receiving the resociation. Further details may be found in the Notice of Privately Practices. 4. If the requester or receiver is not a health plan or bealth care provider, the released information may no longer be protected by fectural privacy regulations and truey be redisclosed. I understand that I my attorney will receive copies of all records received through this suitorizations 6. I, through my ettorney, will got a copy of this form after I sign it. Section B. W. The purpose of the release of my records is for review by [medical core provider] for which I am grading my authorization. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MAY TERS WITH ANY IMEDICAL CARE PROVIDER OR THEIR REPRESENTATIVES OUTSIDE THE PRESENCE OF MY ATTORNEYS. YOU may furnish this law from records that air requested by this office. All medical records obtained possuspi to this mishorization by Imedical serie provider, shall be copied by their office and a Bases number of copy short be flirnighed to my trained [attorney and address], whilin five(5) days after the records are obtained drough the use of this authorization. THE TOTAL PROPERTY. Section C. Signatures

I have read the above and amhorize the disclosure of the protected health information as stated nomm of ParlandBlan Member/Guardiar/PatientPlan Member Representative; Relajopship to Patient/Plan Member. Print Name of PathniPlan Member

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Revised 3/2003

Case 1:13-md-02419-RWZ Document 898-2 Filed 02/07/14 Page 63 of 102

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office. All medical reserves obtained pursuant to this authorization by finedical care proxider; shall be copied by their office and a Bates-numbered Section C. Signatures

I have read the above and authorize the disclosure of the processed health information as stated.

Claupture of "=-tient/Plan, Member/Guardian/Patien/Plan Member Representatives

Print Name of Padent/Plan Methber's Representative:

Relationship to Patient/Plan Member:

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Print Name of PatientPlan Meinber

Revised 3/2003

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English Lucas Priest & Owsley, LLP | Strength. Knowledge. Experience.

Writer's e-mail address: byoung@elpolaw.com

June 28, 2013

Via Certified Mail

St. Thomas Outpatient Neurosurgical Center, LLC a/k/a St. Thomas Outpatient Neurosurgery Center/Clinic c/o Matthew H. Cline Gideon, Cooper & Essary, PLC Regions Center, Suite 1100 315 Deadrick Street Nashville, Tennessee 37238

Re: Rosemary Ferguson

162 Luncford Rd. Leoma, TN 38468 DOB: /1956

To Whom It May Concern:

The below is a list of health care providers to whom notice is being given, pursuant to T.C.A. §29-26-121(a), of a potential claim for medical malpractice involving steroid injections administered at St. Thomas Outpatient Neurosurgical Clinic between May 21, 2012 and September 28, 2012.

- St. Thomas Outpatient Neurosurgical Center, LLC a/k/a St. Thomas Outpatient Neurosurgery Center/Clinic c/o Matthew H. Cline Gideon, Cooper & Essary, PLC Regions Center, Suite 1100 315 Deadrick Street Nashville, Tennessee 37238
- New England Compounding Pharmacy, Inc. c/o Daniel Cohn, Esq.
 Murtha Cullina, LLP
 High Street, 20th Floor
 Boston, MA 02110

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June 28, 2013 Page 2 of 4

- Ameridose LLC
 c/o Jane F. Warner
 Tucker Ellis LLP
 925 Euclid Avenue, Suite 1150
 Cleveland, Ohio 44115-1414
- Gregory Conigliaro
 205 Flanders Road
 Westborough, MA 01581
- Barry Cadden
 205 Flanders Road
 Westborough, MA 01581
- John Culclasure, M.D.
 Howell Allen Clinic
 2011 Murphy Avenue, Suite 301
 Nashville, TN 37203
- 7. Howell Allen Clinic Attn: Gregory B. Lanford, M.D. Registered Agent 2011 Murphy Avenue, Suite 301 Nashville, TN 37203
- 8. St. Thomas Hospital Attn: Dawn Rudolph Chief Executive Officer 4220 Harding Road Nashville, TN 37205
- 9. Saint Thomas Network 4220 Harding Pike Nashville, TN 37205-2005
- 10. Saint Thomas Networkc/o E. Berry Holt, III102 Woodmont Boulevard, Suite 800Nashville, TN 37205-2221

June 28, 2013 Page 3 of 4

- 11. Saint Thomas Healthc/o E. Berry Holt, III102 Woodmont Boulevard, Suite 800Nashville, TN 37205-2221
- 12. Saint Thomas Health 102 Woodmont Boulevard, Suite 800 Nashville, TN 37205-2221
- 13. St. Thomas Hospital c/o E. Berry Holt, III 102 Woodmont Boulevard, Suite 800 Nashville, TN 37205-2221
- 14. St. Thomas Outpatient Neurosurgical Center, LLC c/o Gregory B. Lanford, M.D.2011 Murphy Avenue, Suite 301Nashville, TN 37203-2023
- 15. St. Thomas Outpatient Neurosurgical Center, LLC4230 Harding Pike, Suite 901Nashville, TN 37205
- 16. Debra V. Schamberg, RNHowell Allen Clinic2011 Murphy Avenue, Suite 301Nashville, TN 37203
- 17. Debra V. Schamberg, RNSaint Thomas Outpatient Neurosurgical Center4230 Harding Pike, Suite 901Nashville, TN 37205
- 18. Patricia G. Beckham Baptist Women's Pavilion 2011 Murphy Avenue Nashville, TN 37203

June 28, 2013 Page 4 of 4

Please give me a call if you have any questions.

Very truly yours,

ENGLISH, LUCAS, PRIEST & OWSLEY, LLP

Robert A. Young

RAY/tg

AUTHORIZATION I	OR "TLEASI	COL	PROTECTED HE	ATTH INFOR	MATION (PHI)					
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Provider's/Health Plan's Add	ress:	,Addense)•					
2011 Murphy Avenue, Nashville, TN 37203	Suite 301	Address	2: ,	<u>. </u>				
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4230 Harding Pike Medical Plaza East, S	uite 810		Address 2:						
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Purpose of disclosure: CON	APLIANCE WITH	H T.C.A. § 29-26-1	121						
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Provider's/Health Plan's Name Dr. Frances Berry Brow			Recipient's Name:					
Provider's/Health Plan's Addr	¢\$2:		'Yydruze J.					
233 East Gaines Lawrenceburg, TN 384	64		Address 2:					
			City:	•	Stalf:	Zip:		
This authorization will expire of Date: April 1, 2014	on the following:	(Fill in	the Date or the Event Event:	but not both.)				
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AUTHORIZATION I		E OF PROTECTED H	7 114	Transport (1975)	
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719 Thompson Ln. #23 Nashville, TN 37204	108	Address 2:			
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This authorization will expire Date: April 1, 2014	on the following:	(Fill in the Date or the Eve Event:	nt but not both.)		
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Provider's/Health Plan's Addr	ess:		Faddroce tr	* * *			٠	
1211 22nd Avenue Sou Room B-334, VUH	ıth		Address 2:	· · · · · · · · · · · · · · · · · · ·				
Nashville, TN 37232			City:			State:	. 2	lip:
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Case 1:13-md-02419-RWZ Document 898-2 Filed 02/07/14 Page 89 of 102

AUTHORIZATION FOR TELEASE OF PROTECTED HEALTH INFOPMATION (PHI) Section A: This section must be completed for all Authorizations Social Security No. (optional): Patient/Plan Member Name: Birth Date: Rosemary C. Ferguson 71956 Provider's/Health Plan's Name: Recipient's Hame: Vanderbilt Medical Group Provider's/Health Plan's Address: Addince 1. 1211 22nd Avenue South Address 2: Room B-334, VUH Nashville, TN 37232 Zip: State City This authorization will expire on the following: (Fill in the Date or the Event but not both.) Date: April 1, 2014 Event: Purpose of disclosure: COMPLIANCE WITH T.C.A. § 29-26-121 Description of information to be used or disclosed Is this request for psychotherapy notes? Tyes, then this is the only item you may request on this authorization. You must submit another authorization for other items below. I No, then you may check as many items below as you need. **Description**i Date(s) Description: Date(s) Description: Date(s): O Labor/delivery sum. ☐ All PHI in medical record Operative Information OB nursing assess ☐ Admission form ☐ Cath lab D Postpartum flow sheet ☐ Dictation reports ☐ Special test/therapy D Itemized bill: O Rhythm Strips Physician orders D UB-92: ☐ Nursing Information ☐ Intake/outtake Other: all diagnostic ☐ Clinical Test ☐ Transfer forms films, x-rays, MRIs, ☐ Medication Sheets DER Information CAT scans, etc. Other: I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results or AIDS information. (Initial) If not applicable, check here. [] 1. I may refuse to sign this authorization and that it is strictly voluntary. 2. If I do not sign this form, my health care and the payment for my health care will not be affected unless stated otherwise. 3. I may revoke this authorization at any time in writing, but if I do, it will not have any affect on any actions taken prior to receiving the revocation. Further details may be found in the Notice of Privacy Practices. 4. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be redisclosed. 5. I understand that I my attorney will receive copies of all records received through this authorization. 6. I, through my attorney, will get a copy of this form after I sign it, Section B The purpose of the release of my records is for review by [medical care provider] for which I am granting my authorization. THIS AUTHORIZATION DOES NOT PERMIT YOU TO DISCUSS THESE MATTERS WITH ANY IMEDICAL CARE PROVIDER OR THEIR REPRESENTATIVES OUTSIDE THE PRESENCE OF MY ATTORNEYS. You may furnish this law firm records that are requested by this office. All medical records obtained pursuant to this authorization by [medical care provider] shall be copied by their office and a Bates-numbered copy shall be furnished to my counsel factorney and address], within five (5) days after the records are obtained through the use of this authorization. TORE TO BE PERSONAL PROPERTY OF THE PERSON O Section C: Signatures I have read the above and authorize the disclosure of the protected health information as stated. Signature of Philant Plan Member/Guardian/Patient/Plan Member Representative: Print Name of Patienurian Member's Representative Robert Loung Relationship to Patient/Plan Member:

Revised 3/2003

RETURN RECEIPT REQUESTED ELECTRONICALLY

St. Thomas Outpatient Neurosurgical Cent Regions Center, Suite 1100 Nashville TN 37238 c/o Matthew H. Cline 315 Deadrick Street

Robert A. Young English, Lucas, Priest and Owsley, LLP PO Box 770 Bowling Green KY 42102-0770

SEQ# 0000017

EXAMPLE OF NON-COMPLIANT HIPAA AUTHORIZATION

Higdon, et al. v. Ameridose, et al., No. 1:13-cv-12718, Compl. Ex. F

Deficiency:

Release does not include a statement regarding the ability or inability of a health care provider to condition treatment contingent on the patient signing the authorization⁵

Provision Violated:

45 C.F.R. § 164.508(c)(2)(ii), which requires a HIPAA release contain a statement regarding the ability or inability of a health care provider to condition treatment contingent on the patient signing the authorization

⁵ Other Plaintiffs who failed to include a statement regarding conditioning of treatment, e.g., Alexander, Lapiska, Nealon, Peay, and Schulz, did not attach their HIPAA releases to their Complaints in violation of Tenn. Code Ann. § 29-26-121(b). Failure to comply with Tenn. Code Ann. § 29-26-121(b) is an independent ground for dismissal. Vaughn, E2012-01042-COA-R3-CV, 2013 WL 817032, at *6; Miller, No. 2:13-cv-02149-JPM-dkv, 2013 WL 4097340, at *5. Therefore, the Plaintiffs' Complaints in Alexander, Lapiska, Nealon, Peay, and Schulz should be dismissed for failure to comply with Tenn. Code Ann. § 29-26-121(a)(2)(E) and (b), in addition to failing to include the above statement in the release.

EVANS | PETREEPC

J. STEPHEN KING JKING@EVANSPETREE.COM

DIRECT FAX 901.374.7548

February 15, 2013

CERTIFIED MAIL RETURN RECEIPT REQUESTED

St. Thomas Outpatient Neurosurgical Center 4230 Harding Road, Suite 901 Nashville, TN 37205

RE:

Notice of Claim for Medical Malpractice

Shirley R. Higdon DOB: /1938 MRN#: SC24325

Gentlemen:

Please be advised that this office represents Shirley R. Higdon whose date of birth is November 13, 1938. Mrs. Higdon is the patient whose treatment is the subject of this notice and claim.

I am the attorney representing Shirley R. Higdon. My name and address are:

J. Stephen King Evans | Petree PC 1000 Ridgeway Loop Road, Suite 200 Memphis, Tennessee 38120

The name and address of all healthcare providers against whom this claim is being made and to whom notice is being provided are as follows:

Name	Current Business Address	Dept. of Health website address
St. Thomas Outpatient	4230 Harding Road, Suite 901	Debra Schamberg
Neurosurgical Center	Nashville, TN 37205	4230 Harding Road, Suite 901
		Nashville, TN 37205
Howell Allen Clinic	2011 Murphy Avenue	
	Suite 301	
	Nashville, TN 37203	
	Attn: Gregory B. Lunford,	
	M.D., Registered Agent	EXHIBIT
		Labbier
	000 RIDGEWAY LOOP ROAD, SUITE 200 MEM	PHIS. TENNESSEE 38120
Case 3:13-cv-010	PHONE 901.525.6781 FAX 901.767.4010 WY 19 Document 1-1 Filed 09/2	20/13 Page 21 of 54 Regald #: 73



Page 2

Saint Thomas Network	4220 Harding Pike	102 Woodmont Blvd.
	Nashville, TN	Suite 800
	Attn: Dawn Rudolph	Nashville, TN 37205
		Attn: E. Berry Holt III
Saint Thomas Health	102 Woodmont Blvd.	
	Suite 800	
	Nashville, TN 37205	
	Attn: E. Berry Holt III	
Saint Thomas Hospital	4220 Harding Pike	102 Woodmont Blvd.
	Nashville, TN	Suite 800
	Attn: Dawn Rudolph	Nashville, TN 37205
		Attn: Dawn Rudolph

Enclosed is a HIPAA client medical authorization signed by Mrs. Higdon permitting you to obtain complete medical records from each healthcare provider being sent this notice.

Sincerely,

James Stephen King

JSK/lrs Enclosure

cc: Mrs. Shirley R. Higdon

Gregory B. Lunford. M.D. 2011 Murphy Avenue Suite 301 Nashville, TN 37203-2023

LIMITED AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

The purpose of this Authorization is to comply with the requirements of T.C.A. 29-26-121, and allows persons or entities listed in a T.C.A 29-26-121 Notice Letter to obtain copies of Shipley (Incline) (hereinafter referred to as "Patient") medical records.

This Authorization allows you to provide a copy of Patient's medical records to the persons or entities listed in the attached Notice letter. Patient further requests that you provide a copy of those same records to Patient's attorneys, Evans Petree PC at the time you provide copies of the record pursuant to this Authorization.

THIS AUTHORIZATION DOES NOT ALLOW YOU TO DISCUSS PATIENT, OR PATIENT'S MEDICAL RECORDS WITH ANY OTHER HEALTH CARE PROVIDER, OR ATTORNEY.

PATIENT SPECIFICALLY MAINTAINS THE RIGHTS OF CONFIDENTIALITY PROVIDED BY ALL APPLICABLE STATE AND FEDERAL LAW.

Revocation: This Authorization may be revoked in writing, at any time, except where it has already been used and relied on it to make a use or disclosure. Written revocation will become effective once it is processed and received. Consequences of Signing this Form: Please be aware that re-disclosure may lead to the loss of protected status.

PATIENT'S FULL NAME: Shirley Higdon

ADDRESS: 931 Jeanette Holladay Road, Parsons, Tennessee 38363

-5655

DOB: <u>1938</u> SSN:

I authorize the <u>persons listed on the attached notice provider list</u> to use and disclose to THE PERSONS NAMED IN THE ATTACHED PROVIDER NOTICE LETTER the complete medical record of the patient identified above. The purpose or need for the information is to comply with T.C.A. 29-26-121. Patient further requests that you provide an exact copy of the same records to Plaintiff's Attorneys, Evans Petree PC at the time you provide copies of the record pursuant to this Authorization.

Expiration: This Authorization expires on the date you specify below or six months from the date signed, whichever is earlier. Once this Authorization expires, we will no longer use and disclose your health information for the described purposes unless you sign a new Authorization Form.

This Authorization expires: in six (6) mont	hs; or on the following date:
Signature of Patient or Personal Representative Date: 2/18/3013	Shirley Higdon Printed Name of Patient
*If Personal Representative, the Patient is unable to sig Deceased; Other (Explain:	gn because of:Minor;Incompetent;



J. STEPHEN KING
JKING@EVANSPETREE.COM

DIRECT FAX 901.374.7548

February 15, 2013

CERTIFIED MAIL RETURN RECEIPT REQUESTED

St. Thomas Outpatient Neurosurgical Center Debra Schamberg 4230 Harding Road, Suite 901 Nashville, TN 37205

RE:

Notice of Claim for Medical Malpractice

Shirley R. Higdon DOB: /1938 MRN#: SC24325

Gentlemen:

Please be advised that this office represents Shirley R. Higdon whose date of birth is November 13, 1938. Mrs. Higdon is the patient whose treatment is the subject of this notice and claim.

I am the attorney representing Shirley R. Higdon. My name and address are:

J. Stephen King Evans | Petree PC 1000 Ridgeway Loop Road, Suite 200 Memphis, Tennessee 38120

The name and address of all healthcare providers against whom this claim is being made and to whom notice is being provided are as follows:

Name	Current Business Address	Dept. of Health website address
St. Thomas Outpatient	4230 Harding Road, Suite 901	Debra Schamberg
Neurosurgical Center	Nashville, TN 37205	4230 Harding Road, Suite 901
		Nashville, TN 37205
Howell Allen Clinic	2011 Murphy Avenue	·
	Suite 301	
	Nashville, TN 37203	



Page 2

	Attn: Gregory B. Lunford,	
	M.D., Registered Agent	
Saint Thomas Network	4220 Harding Pike Nashville, TN Attn: Dawn Rudolph	102 Woodmont Blvd. Suite 800 Nashville, TN 37205 Attn: E. Berry Holt III
Saint Thomas Health	102 Woodmont Blvd. Suite 800 Nashville, TN 37205 Attn: E. Berry Holt III	
Saint Thomas Hospital	4220 Harding Pike Nashville, TN Attn: Dawn Rudolph	102 Woodmont Blvd. Suite 800 Nashville, TN 37205 Attn: Dawn Rudolph

Enclosed is a HIPAA client medical authorization signed by Mrs. Higdon permitting you to obtain complete medical records from each healthcare provider being sent this notice.

Sincerely,

James Stephen King

JSK/lrs Enclosure

cc:

Mrs. Shirley R. Higdon

Gregory B. Lunford. M.D. 2011 Murphy Avenue Suite 301 Nashville, TN 37203-2023

LIMITED AUTHORIZATION TO USE AND DISCLOSE PROTECTED HEALTH INFORMATION

The purpose of this Authorization is to comply with the requirements of T.C.A. 29-26-121, and allows persons or entities listed in a T.C.A 29-26-121 Notice Letter to obtain copies of Shirley Haclor'S (hereinafter referred to as "Patient") medical records.

This Authorization allows you to provide a copy of Patient's medical records to the persons or entities listed in the attached Notice letter. Patient further requests that you provide a copy of those same records to Patient's attorneys, Evans Petree PC at the time you provide copies of the record pursuant to this Authorization.

THIS AUTHORIZATION DOES NOT ALLOW YOU TO DISCUSS PATIENT, OR PATIENT'S MEDICAL RECORDS WITH ANY OTHER HEALTH CARE PROVIDER, OR ATTORNEY.

PATIENT SPECIFICALLY MAINTAINS THE RIGHTS OF CONFIDENTIALITY PROVIDED BY ALL APPLICABLE STATE AND FEDERAL LAW.

Revocation: This Authorization may be revoked in writing, at any time, except where it has already been used and relied on it to make a use or disclosure. Written revocation will become effective once it is processed and received. Consequences of Signing this Form: Please be aware that re-disclosure may lead to the loss of protected status.

PATIENT'S FULL NAME: Shirley Higdon

ADDRESS: 931 Jeanette Holladay Road, Parsons, Tennessee 38363

DOB: <u>/1</u>

/1938 SSN:

<u>-5655</u>

I authorize the <u>persons listed on the attached notice provider list</u> to use and disclose to THE PERSONS NAMED IN THE ATTACHED PROVIDER NOTICE LETTER the complete medical record of the patient identified above. The purpose or need for the information is to comply with T.C.A. 29-26-121. Patient further requests that you provide an exact copy of the same records to Plaintiff's Attorneys, Evans Petree PC at the time you provide copies of the record pursuant to this Authorization.

Expiration: This Authorization expires on the date you specify below or six months from the date signed, whichever is earlier. Once this Authorization expires, we will no longer use and disclose your health information for the described purposes unless you sign a new Authorization Form.

This Authorization expires: in six (6) months; or on	the following date:
Shuley Hugder Signature of Patient or Personal Representative	Shirley Higdon Printed Name of Patient
Date: 3/18/3013	
*If Personal Representative, the Patient is unable to sign because Other (Explain:	se of :Minor;Incompetent;

EXAMPLE OF NON-COMPLIANT HIPAA AUTHORIZATION

Lapiska v. Ameridose, et al., No. 1:13-cv-12914

Deficiency:

Release does not include a statement regarding the potential for information disclosed pursuant to the authorization to be subject to re-disclosure and no longer protected by HIPAA

Provision Violated:

45 C.F.R. § 164.508(c)(2)(iii), which requires a HIPAA release contain a statement regarding the potential for information disclosed pursuant to the authorization to be subject to redisclosure and no longer protected by HIPAA

LAW OFFICES

Gilreath & Associates, PLLC

BANK OF AMERICA CENTER 550 MAIN AVENUE, BUITE 500

SIDNEY GILHEATH
R, CHRISTOPHER GILREATH
CARY L, BAUER
TIMOTHY HOUSHOLDER
GINGER PICKARD

September 17, 2013

P.O. BOX 1270

KNOXVILLE, TENNESSEE 37901-1270

TELEPHONE 808/637-2442

FACSIMILE 805/871-4116

www.sidgiirenth.com

NABHMILLE CREMER 322 RECOND AVENUE NORTH SUITS 417 NASHMILLE, TENNERSES 37201 RTD/206-3388

Memeria Diegra

DNE Memeria Elage

SOS JEFFERDOM AVENUE, SUITE 711

MEMPRIO, TENNESSEE 1100

801/827-0511

Via Certified Mail - Return Receipt Requested

Specialty Surgery Center, PLLC c/o Ron Calisher, Administrator 116 Brown Avenue Crossville, TN 38555

RE:

William Lapiska

Notice Required by T.C.A. § 29-26-121(a)

Dear Mr. Calisher:

I represent William Lapiska. Through me and my firm, he is asserting a potential claim for medical malpractice against you. This claim arises out of the treatment Mr. Lapiska received at Specialty Surgery Center on September 18, 2012, wherein he received an injection of an epidural steroid manufactured by New England Compounding Center, which resulted in an a spinal fungal abscess at the site of the tainted injection. Mr. Lapiska was referred to an infectious disease specialist where he had two MRI's and a spinal tap followed by a third MRI. Mr. Lapiska was then referred to a neurologist who drained the abscess while Mr. Lapiska was hospitalized at Cookeville Regional Medical Center. Mr. Lapiska was then required to take antifungal medication for a prolonged amount of time.

The full name and date of birth of the patient whose treatment is at issue are:

William Lapiska
Date of Birth: /

/1928

The name and address of the claimant authorizing this notice and the relationship to the patient are:

William Lapiska (patient) 248 Lakewood Drive Fairfield Glade, TN 38558

The name and address of the attorney sending this notice are:

Timothy A. Housholder, Attorney Gilreath & Associates 550 Main Avenue, Suite 600 Knoxville, TN 37902 Page 2 September 17, 2013

Enclosed is a HIPPA-compliant medical authorization permitting you to obtain complete medical records from each other provider being sent a notice.

Attached is a list of all healthcare providers to whom notice is being given pursuant to T.C.A. §29-26-121(a). Please have your professional liability insurance carrier's representative, or other appropriate person, contact me soon.

Yours truly,

TIMOTHY A. HOUSHOLDER

TH/kfl

Enclosure

HIPAA-COMPLIANT AUTHORIZATION FOR RELEASE OF INFORMATION PURSUANT TO T.C.A. §29-26-121

PATIENT NAME: W	'ILLIAM LAPISKA	
DATE OF BIRTH:	1928	
SOCIAL SECURITY NO	D:	
DATES OF TREATMEN	NT: 9/18/2012 - Preser	nt
I, William I	_apiska	, authorize:
Specialty Surgery Center, PL	LC	
to obtain my complete mee		
Kenneth R. Lister, M.D.		
Act of 1996) to include including hospital, doctor, I may revoke this authoriz or when the undersigned's All medical records obtain furnished to my attorneys in	all records information data in dental, psychiatric, pharmacy, the ation at any time. This authorize representation by Gilreath & As and pursuant to this authorization	ation will expire when revoked by me sociates, PLLC is concluded. shall be copied and a copy shall be older, 550 Main Avenue, Suite 600,
A photocopy of this author	rization is to be considered as val	id as the original.
THIS AUTHORIZATION WITH ANY MEDICAL C PRESENCE OF MY ATTO	ARE PROVIDER OR THEIR R	E TO DISCUSS THESE MATTERS EPRESENTATIVE OUTSIDE THE
This <u>17th</u> d	ay of September	, 20 13 .
	PATIENT (Pe	enn. Jahulen rsonal Representative)

LIST OF HEALTHCARE PROVIDERS TO WHOM NOTICE IS BEING GIVEN PURSUANT TO TCA § 29-26-121(A)

RE: WILLIAM LAPISKA

The following is a list of all healthcare providers to whom notice is being given, pursuant to <u>Tennessee Code Annotated</u> Section 29-26-121(a), of a potential claim for medical malpractice:

- Dr. Kenneth R. Lister, M.D. 116 Brown Avenue Crossville, TN 38555
- Dr. Kenneth R. Lister, M.D. Outpatient Anesthesia
 2761 Sullins Street
 Knoxville, TN 37919
- Specialty Surgery Center, PLLC 116 Brown Avenue Crossville, TN 38555